

0964824

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>10/03/00</i>
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		21	<i>10/10/00</i>
<b>FORMALITY REVIEW</b>	<i>EL</i>	823	<i>10/30</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>A.M</i>	530	<i>05-28-01</i>

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

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If more than 150 claims or 10 actions  
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